

00- *R*-2023

Entered - 08/31/00 - sb
CL00L0523 - DIANNE C. MITCHELL

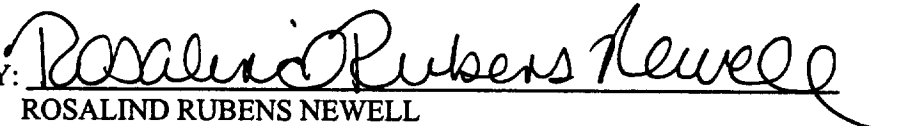
CLAIM OF: **ALLSTATE INSURANCE COMPANY AS
SUBROGEE OF TAWANA WILLIAMS**
P. O. Box 227257
Dallas, Texas 75222-7257

For damages alleged to have been sustained as a result of a vehicular
accident on July 5, 2000 at 1930 Flat Shoals Road, SE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of
the Department of Law be approved in authorizing payment to **ALLSTATE
INSURANCE COMPANY AS SUBROGEE OF TAWANA
WILLIAMS** the sum of **\$815.25** in full settlement and satisfaction of all
claims, past, present and future, of every kind and character for damages
alleged to have been sustained as a result of a vehicular accident on July 5,
2000 at 1930 Flat Shoals Road, SE as is more particularly set forth in the
within claim; said sum taken from and charged to account
1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0523

Date: November 28, 2000

Claimant /Victim ALLSTATE INSURANCE COMPANY AS SUBROGEE OF TAWANA WILLIAMS

BY: (Atty)(Ins. Co.) _____

Address: P. O. Box 227257, Dallas, Texas, 75222-7257

Subrogation: X Claim for Property damage \$ 815.25 Bodily Injury \$ _____

Date of Notice: 08/31/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/05/00 Place: 1930 Flat Shoals Road, SE

Department Police Division: _____

Employee involved Joe Louis Little, Jr. Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle made an improper lane change and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 815.25 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager: Dianne C. Mitchell Concur/date 11-30-00

Committee Action: _____ Council Action _____

FORM 23-61

00- R-2023

Allstate®

M. F. Allen
08/29/00
[Signature]
08/25/00

ALLSTATE INDEMNITY COMPANY
P.O. BOX 168288
IRVING TX 75016
(800) 374-4246

ENTERED - 8-31-00 - SB
00L0523 - DIANNE MITCHELL

ATLANTA MUNICIPAL DIANNE MITCHELL
68 MITCHELL ST 14 FL
ATLANTA GA 30335

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE
FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER,
THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS
RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM.
PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP
OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INDEMNITY COMPANY

CRP:G

YOUR FILE NO. :
YOUR INSURED : ATLANTA PD
ADDRESS : UNK
UNK
OUR CLAIM NO. : 6953365273 HMO
OUR INSURED : TAWANA WILLIAMS
LOSS DATE : 07/05/00

LOCATION :
FLATSHOLES RD

ATLANTA

GA

AMOUNT OF LOSS: \$815.25